

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Residence at 2631 Crabapple Lane, Hobart, IN 46342	Tenants by Entireties	J	109,000.00	158,900.00

Sub-Total > **109,000.00** (Total of this page)

Total > **109,000.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Household furniture & appliances	J	1,400.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing apparel	J	900.00
7. Furs and jewelry.		Wedding rings and misc. jewelry	J	1,000.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **3,300.00**
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

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In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% Owner of QV Enterprises a sole proprietorship, doing sales	W	0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

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In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.		2003 Olds Alero	H	2,500.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **2,500.00**
 (Total of this page)
 Total > **5,800.00**

Sheet 2 of 2 continuation sheets attached
 to the Schedule of Personal Property

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(Report also on Summary of Schedules)

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Household Goods and Furnishings</u>			
Household furniture & appliances	Ind. Code § 34-55-10-2(c)(2)	1,400.00	1,400.00
<u>Wearing Apparel</u>			
Wearing apparel	Ind. Code § 34-55-10-2(c)(2)	900.00	900.00
<u>Furs and Jewelry</u>			
Wedding rings and misc. jewelry	Ind. Code § 34-55-10-2(c)(2)	1,000.00	1,000.00
<u>Customer lists or other compilations containing personally identifiable info</u>			
2003 Olds Alero	Ind. Code § 34-55-10-2(c)(2)	2,500.00	2,500.00

Total:	5,800.00	5,800.00
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In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No. xxxxxx xx xxx113 4			2000					
Beneficial P.O. Box 4153 Carol Stream, IL 60197-4153		J	2nd Mortgage Residence at 2631 Crabapple Lane, Hobart, IN 46342					
			Value \$ 109,000.00				13,900.00	0.00
Account No.								
Beneficial 961 Wiegel Dr. Elmhurst, IL 60126			Beneficial				Notice Only	
			Value \$					
Account No. xxxxxx2878			1999					
Chase Manhattan Mtg. 3415 Vision Dr. Columbus, OH 43219		J	1st Mortgage Residence at 2631 Crabapple Lane, Hobart, IN 46342					
			Value \$ 109,000.00				145,000.00	49,900.00
Account No.								
Chase Manhattan Mortgage Corp. P.O. Box 24696 Columbus, OH 43224-0696			Chase Manhattan Mtg.				Notice Only	
			Value \$					
Subtotal							158,900.00	49,900.00
(Total of this page)								

1 continuation sheets attached

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.								
Feiwell & Hannoy 251 N. Illinois St., Ste. 1700 P.O. Box 44141 Indianapolis, IN 46204			Chase Manhattan Mtg.				Notice Only	
Value \$								
Account No.								
Rushmore Loan Management Services 15480 Laguna Canyon Road, Suite 100 Irvine, CA 92618			Chase Manhattan Mtg.				Notice Only	
Value \$								
Account No.								
Value \$								
Account No.								
Value \$								
Account No.								
Value \$								
Subtotal (Total of this page)							0.00	0.00
Total (Report on Summary of Schedules)							158,900.00	49,900.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Indiana Department of Revenue Compliance Division Indiana Government Center North 100 North Senate Avenue, N203 Indianapolis, IN 46204-2253		J					Notice/Unknown	0.00
Account No. Office of the Attorney General Indiana Govt. Center, South, 5th Fl. 402 W. Washington St. Indianapolis, IN 46204			Indiana Department of Revenue				Notice Only	
Account No. Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114		J					Notice/Unknown	0.00
Account No. U.S. Attorney's Office 5400 Federal Plaza, Ste. 1500 Hammond, IN 46320			Internal Revenue Service				Notice Only	
Account No. 								
Subtotal (Total of this page)							0.00	0.00
Total (Report on Summary of Schedules)							0.00	0.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Code debtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Code debtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxx-xxxx-xx-x3094 4 - Rent Inc. dba Thrifty Car Rental Attn: Highest Ranking Officer 3739 W. 37th Ave. Hobart, IN 46342		J					350.00
Account No. xx xxxx x7837 Allstate Insurance Company C/O Credit Collection Services Two Wells Ave. Newton Center, MA 02459		J	2011 Fees				14,359.66
Account No. The CCS Companies P.O. Box 7249 Portsmouth, NH 03802-7249			Allstate Insurance Company				Notice Only
Account No. Unknown AmeriCredit P.O. Box 78143 Phoenix, AZ 85062-8143		J	1999 1995 Mercury Mystique				1,000.00
Subtotal (Total of this page)							15,709.66

19 continuation sheets attached

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Unknown Art Hill Ford 901 W. Lincoln Hwy Merrillville, IN 46410		J	2003 Repairs				82.14
Account No. I. Alex Woloshansky 9219 Broadway Merrillville, IN 46410			Art Hill Ford				Notice Only
Account No. 01001348839311013012 AT & T Broadband C/O Credit Protection Assoc. 13355 Noel Rd. Dallas, TX 75240		J	6/2001 Cable service				245.63
Account No. 8050051874759770B Axsys National Bank P.O. Box 3700 Saint Cloud, MN 56395-3700		J	Various dates Credit card				1,926.32
Account No. Plaza Associates P.O. Box 18008 Hauppauge, NY 11788-8808			Axsys National Bank				Notice Only
Sheet no. 1 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 2,254.09

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							1,200.00
Baryl Martin 1313 E. Main St. Griffith, IN 46319	J						
Account No. 421726 12 5241134		Credit card					1,323.68
Beneficial P.O. Box 4153 Carol Stream, IL 60197-4153	J						
Account No. xxxxx-0001		2011 Legal fees					845.78
Burke Costanza & Carberry, LLP 9191 Broadway Merrillville, IN 46410	J						
Account No. xxxxxxxxxxxx1557		2000-2011 Credit Card					1,064.74
CACH LLC/GE Money Bank C/O Redline Recovery Services P.O. Box 1022 Fort Mill, SC 29716-1022	J						
Account No. 5291 0714 4165 7374		6/2001 Credit card					934.37
Capital One P.O. Box 85147 Richmond, VA 23276	J						
Sheet no. 2 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				5,368.57

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
NCO Financial P.O. Box 7627 Fort Washington, PA 19034			Capital One				Notice Only
Account No.							
Chase Bank 340 S. Cleveland Ave., Bldg. 370 Westerville, OH 43081		J	2012 Fees				753.56
Account No.							
Citizens Bank 707 Ridge Road Munster, IN 46321		J	2012 Fees				546.96
Account No. xxx xxx82 05							
City of Hobart 414 Main St. Hobart, IN 46342		J	2012 Water/Sewer				139.47
Account No.							
City of Hobart 414 Main St. Hobart, IN 46342		J	2013 Services				344.65
Sheet no. 3 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,784.64

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx6623 Comcast P.O. Box 3002 Southeastern, PA 19398-3002	J	2013 Services				3,693.70
Account No. x5862 ARC Group, Inc. 1012 State College Road Dover, DE 19904		Comcast				Notice Only
Account No. xxxxxx3434 Community Healthcare System P.O. Box 3604 Munster, IN 46321-0703	J	2011 Medical				1,703.61
Account No. xxxxxx6520 Community Healthcare System P.O. Box 3604 Munster, IN 46321-0703	J	2011 Medical				883.50
Account No. 0006012500118106154 Conseco Finance Bankruptcy Dept. Dept. 0008 Palatine, IL 60055-0008	J	Credit card				688.02
Sheet no. 4 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,968.83

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 45D09-0709-CC-01410 Credit Acceptance Corp. 25505 W. 12 Mile Road, #3000 Southfield, MI 48034	J	2007 Deficiency				2,681.60
Account No. Lloyd & McDaniel PLC PMB 314 2241 State Street New Albany, IN 47150-4924		Credit Acceptance Corp.				Notice Only
Account No. Credit Bureau Associates/Debtor Recovery 330 W. US Hwy 30 Valparaiso, IN 46385	J	45D08-0009-SC-4057				707.81
Account No. Bowman Heintz Boscia & Vician 8605 Broadway Merrillville, IN 46410		Credit Bureau Associates/Debtor Recovery				Notice Only
Account No. 4227 0975 5401 1804 Cross Country Bank P.O. Box 310711 Boca Raton, FL 33431-0711	J	Credit card				587.19
Sheet no. 5 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,976.60

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxxxxxxx xxxx4394 Dish Network Dept. 0063 Palatine, IL 60055-0063		J	2011 Services			1,096.15
Account No. Dr. Chuman P.O. Box 1009 Chesterton, IN 46304		J	45HO3-9508-CP-3400 Judgment			428.00
Account No. Unknown Dr. Constancio Acosta 8500 Broadway Merrillville, IN 46410		J	Unknown Medical			Notice/Unknown
Account No. Andrew Kraemer 516 E. 86th Ave. Merrillville, IN 46410			Dr. Constancio Acosta			Notice Only
Account No. Robert F. Parker 9191 Broadway Merrillville, IN 46410			Dr. Constancio Acosta			Notice Only
Sheet no. <u>6</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,524.15

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 317 586 Dr. Trueblood 6111 Harrison St. Ste. 222 Merrillville, IN 46410	J	6/2000 Medical				300.00
Account No. Managed Receivables 206 N. Buckeye Kokomo, IN 46901-4522		Dr. Trueblood				Notice Only
Account No. xxxxxx4231 Eagle Accounts Group Inc. 7510 S. Madison Ave. Indianapolis, IN 46227	J	2011 Collection				455.00
Account No. Unknown Emergency Med Svcs PC 900 Oakmont Lane, Ste, 200 Westmont, IL 60559	J	2003 Medical				263.00
Account No. xxx0727 EPMG of IN - HOBBSM C/O Eagle Recovery Associates Inc. 424 SW Washington St. Peoria, IL 61602	J	2011 Medical / Collection				952.00
Sheet no. 7 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,970.00

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 56 1933 805 5 FCNB Processing Center 9310 SW Gemini Drive Beaverton, OR 97078-0001		J	Credit card				1,113.90
Account No. First Midwest Bank P.O. Box 9003 Gurnee, IL 60031-9003		J					1,900.00
Account No. AHA306B3874 Ford Motor Credit Company P.O. Box 64400 Colorado Springs, CO 80962-4400		J	8/31/2001 Repossessed vehicle				9,290.00
Account No. xxxxxxxxxx xxx214 5 Frontier 1398 South Woodland Blvd., Ste C Deland, FL 32720		J	2014 Services				179.83
Account No. 388206-8 Hinckley Springs P.O. Box 530578 Atlanta, GA 30353-0578		J	Misc.				85.99
Sheet no. 8 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							12,569.72

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			5/2009 to 6/2009 Fees for services				196.37
Hobart Sanitary District City of Hobart 414 Main St. P.O. Box 200C Hobart, IN 46342-0397		J					
Account No. 5407 9106 0078 3045			Credit card				1,694.12
Household Savings Bank P.O. Box 7017 Anaheim, CA 92850-7017		J					
Account No.			2004 Tax refund loan				5,000.00
Household Tax Masters 90 Christiana Rd. New Castle, DE 19720		J					
Account No. 6644			2006 Medical				134.00
Jatinder K. Kansal MD 8969 Broadway Merrillville, IN 46410		J					
Account No. xxxxx7760			2014 Overdraft account				591.76
JPMorgan Chase Bank P.O. Box 659754 San Antonio, TX 78265		J					
Sheet no. <u>9</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							7,616.25

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
United Recovery System P.O. Box 722929 Houston, TX 77272			JPMorgan Chase Bank				Notice Only
Account No.							
Lake County Prosecuting Attorney 2293 N. Main St. Crown Point, IN 46307		J					Notice/Unknown
Account No. xx0359			2012 Fees				
M & D Printing 515 University Ave. P.O. Box 189 Henry, IL 61537		J					4,781.00
Account No.							
Kingery Durree Wakeman & O'Donnell 416 Main St. Commerce Bank Bldg, Ste. 915 Peoria, IL 61602-1166			M & D Printing				Notice Only
Account No.			2002 Medical				
Merrillville Center for Advanced Surgery P.O. Box 10725 Merrillville, IN 46411-0725		J					17,700.00
Sheet no. 10 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							22,481.00

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. Medical Business Office 541 Otis Bowen Drive Munster, IN 46321			Merrillville Center for Advanced Surgery				Notice Only
Account No. XXXXX-XXXX-XX-6206 Merrillville Ultra C/O Jonathan R. O'Hara 1304 Vale Park Road Valparaiso, IN 46383		J	2010 NSF Check				730.00
Account No. Methodist Pathology Service 55 E. 86th Ave., Ste. A P.O. Box 10645 Merrillville, IN 46411		J	12/2003 Medical				18.00
Account No. xxxxxxxx6035 Midwest Telecom of America Inc. 1567 E. 83rd Avenue Merrillville, IN 46410		J	2012 Phone				7,466.26
Account No. Munster Radiology Group 9201 Calumet Ave. Munster, IN 46321		J	2003 Medical				200.00
Sheet no. 11 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 8,414.26

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x1139 Munster Radiology Group 9201 Calumet Ave. Munster, IN 46321		J	2011-2012 Medical				34.00
Account No. Nationwide Recovery Systems 2304 Tarpley Drive, #134 Carrollton, TX 75006		J	2004 NSF Check				563.39
Account No. 89676300372631/9142700086455 NIPSCO P.O. Box 13007 Merrillville, IN 46410		J	Utilities				1,008.27
Account No. Norris Investigations Inc. P.O. Box 2742 Portage, IN 46368		J	2003/2004 Collection				160.60
Account No. Norwest Financial 2627 E. 80th Ave. Merrillville, IN 46410		J	5/2000 Loan				Notice/Unknown
Sheet no. 12 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,766.26

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx4036 NWI Pathology Consult C/O United Recovery Service LLC 18525 Torrence Ave., Ste. C-6 Lansing, IL 60438		J	2012 Collection				100.00
Account No. 6011 5682 0067 0065 Office Depot Credit Plan P.O. Box 9020, Dept. 56 Des Moines, IA 50368-9020		J	Credit card				722.65
Account No. 6011 5836 0238 5527 Officemax P.O. Box 9020 Des Moines, IA 50368-9020		J	Credit card				701.79
Account No. 66059 999 00 NSF 1967 Paul Heuring Ford 720 N. Hobart Rd. Hobart, IN 46342		J	Repossessed vehicle				1,545.00
Account No. Transworld Systems 9302 N. Meridian Rd., Ste. 335 Indianapolis, IN 46260			Paul Heuring Ford				Notice Only
Sheet no. 13 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,069.44

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 7092922 Porter 814 LaPorte Ave. Valparaiso, IN 46383		J	2007 Medical				1,462.62
Account No. GUILLORR Porter Health Services P.O. Box 348 Valparaiso, IN 46384-0348		J	2007 Medical				690.12
Account No. 106320 Radiologic Assoc. of NW IN Inc. 825 E. Lincolnway Valparaiso, IN 46383-5803		J	2005 Medical				39.00
Account No. 4777 2108 1250 5723 Rush University Medical Center 21238 Network Place Chicago, IL 60673-1212		J	2003 Medical				474.00
Account No. School City of Hobart C/O William J. Longer 651 E. 3rd St., P.O. Box 69 Hobart, IN 46342		J	2010-2012 Fees				220.00
Sheet no. 14 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							2,885.74

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx4241 Sprint P.O. Box 3827 Englewood, CO 80155		J	2014 Services				936.36
Account No. St. Catherine Hospital P.O. Box 3601 Munster, IN 46321-0751		J	2003 Medical				377.52
Account No. 10049249/071270879 St. Mary Medical Center P.O. Box 3603 Munster, IN 46321-0757		J	2006 Medical				140.34
Account No. Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321			St. Mary Medical Center				Notice Only
Account No. St. Mary Medical Center P.O. Box 3603 Munster, IN 46321-0757		J	Medical				1,704.00
Sheet no. 15 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 3,158.22

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321			St. Mary Medical Center				Notice Only
Account No. St. Mary Medical Center C/O Professional Claims Mgmt Inc. 16 W. 455 S. Frontage Road, Ste. 216 Willowbrook, IL 60527		J	2011 Medical				6,469.00
Account No. xxx0697 Stafford Media Solutions P.O. Box 340 Greenville, MI 48838		J	2011 Fees				2,941.76
Account No. 45D11-0104-CP-00384 State of Indiana C/O Todd A. Suter, Esq. 402 W. Washington St. IGCS, 5th Floor Indianapolis, IN 46204		J	1999 Unemployment compensation overpayment.				2,500.00
Account No. IN Dept. of Workforce Devel. Benefit Pymt Control, Rm 200 10 N. Senate Ave. Indianapolis, IN 46204-2277			State of Indiana				Notice Only
Sheet no. 16 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 11,910.76

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Office of the Attorney General Indiana Govt. Center, South, 5th Fl. 402 W. Washington St. Indianapolis, IN 46204			State of Indiana				Notice Only
Account No. 72965011 Sullivan Urgent Aid C/O ICS Inc. P.O. Box 646 Oak Lawn, IL 60454-0646		J	2004 Medical				565.00
Account No. T & H Auto 3699 Oregon St. Lake Station, IN 46405		J	2003				600.00
Account No. The Methodist Hospitals 8701 Broadway Merrillville, IN 46410		J	12/2003 Medical				5,280.00
Account No. Univ. Consultants Allergy/Immun. 1725 W. Harrison St., Ste. 117 Chicago, IL 60612-3836		J	2003 Medical				363.00
Sheet no. 17 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) 6,808.00

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 6152 Urology Associates of NW IN 1101 E. Glendale Blvd., Ste. 111 Valparaiso, IN 46383		J		2007 Medical				924.70
Account No. Verizon P.O. Box 920041 Dallas, TX 75392		J		2002 Phone				576.52
Account No. xx9157 Walgreens Co. C/O Credit Management Control P.O. Box 830913 Birmingham, AL 35283-0913		J		2012 NSF Check				29.62
Account No. 45395646 Wells Fargo 4143 121st St. Urbandale, IA 50323		J		Credit card				1,091.28
Account No. Robert Meinzer P.O. Box 111 Saint John, IN 46373				Wells Fargo				Notice Only
Sheet no. 18 of 19 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims								Subtotal (Total of this page)
								2,622.12

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 45395646 Wells Fargo Financial P.O. Box 14433 Des Moines, IA 50306		J	Credit				997.94
Account No.							
Account No.							
Account No.							
Account No.							

Sheet no. **19** of **19** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

997.94

Total
(Report on Summary of Schedules)

123,856.25

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **Timothy Daniel Wentz,
Lorraine Wentz**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 Timothy Daniel Wentz

Debtor 2 Lorraine Wentz
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

Case number _____
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

☒ Employed
☐ Not employed

Unemployed

Debtor 2 or non-filing spouse

☒ Employed
☐ Not employed

Sales

Self Employed

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 0.00	\$ 0.00
3. Estimate and list monthly overtime pay.	+\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	\$ 0.00	\$ 0.00

Debtor 1 **Timothy Daniel Wentz**
Debtor 2 **Lorraine Wentz**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here _____	4. \$ <u>0.00</u>	\$ <u>0.00</u>	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>0.00</u>	
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>	
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>	
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>	
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>0.00</u>	
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>	
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>	
5h. Other deductions. Specify: _____	5h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>0.00</u>	\$ <u>0.00</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>0.00</u>	\$ <u>0.00</u>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>2,400.00</u>	
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>	
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>	
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>	
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>	
8h. Other monthly income. Specify: _____	8h. + \$ <u>0.00</u>	+ \$ <u>0.00</u>	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>2,400.00</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>0.00</u> + \$ <u>2,400.00</u>	= \$ <u>2,400.00</u>	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____			11. +\$ <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies			12. \$ <u>2,400.00</u> Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

**United States Bankruptcy Court
Northern District of Indiana**

In re **Timothy Daniel Wentz
Lorraine Wentz**

Debtor(s)

Case No. _____

Chapter **13**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ **0.00**

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ **2,400.00**

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ **0.00**

4. Payroll Taxes **0.00**

5. Unemployment Taxes **0.00**

6. Worker's Compensation **0.00**

7. Other Taxes **0.00**

8. Inventory Purchases (Including raw materials) **0.00**

9. Purchase of Feed/Fertilizer/Seed/Spray **0.00**

10. Rent (Other than debtor's principal residence) **0.00**

11. Utilities **0.00**

12. Office Expenses and Supplies **0.00**

13. Repairs and Maintenance **0.00**

14. Vehicle Expenses **0.00**

15. Travel and Entertainment **0.00**

16. Equipment Rental and Leases **0.00**

17. Legal/Accounting/Other Professional Fees **0.00**

18. Insurance **0.00**

19. Employee Benefits (e.g., pension, medical, etc.) **0.00**

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21) \$ **0.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ **2,400.00**

Fill in this information to identify your case:

Debtor 1 Timothy Daniel Wentz

Debtor 2 Lorraine Wentz
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 650.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Timothy Daniel Wentz**
Debtor 2 **Lorraine Wentz**

Case number (if known) _____

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	120.00
6b. Water, sewer, garbage collection	6b. \$	0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	40.00
6d. Other. Specify: <u>Cell Phone</u>	6d. \$	160.00
<u>Cable/Internet</u>	\$	95.00

7. Food and housekeeping supplies

7. \$ 250.00

8. Childcare and children's education costs

8. \$ 0.00

9. Clothing, laundry, and dry cleaning

9. \$ 170.00

10. Personal care products and services

10. \$ 80.00

11. Medical and dental expenses

11. \$ 200.00

12. Transportation. Include gas, maintenance, bus or train fare.

12. \$ 400.00

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books

13. \$ 40.00

14. Charitable contributions and religious donations

14. \$ 0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ 0.00

15b. Health insurance 15b. \$ 0.00

15c. Vehicle insurance 15c. \$ 75.00

15d. Other insurance. Specify: _____ 15d. \$ 0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: _____ 16. \$ 0.00

17. Installment or lease payments:

17a. Car payments for Vehicle 1 17a. \$ 0.00

17b. Car payments for Vehicle 2 17b. \$ 0.00

17c. Other. Specify: _____ 17c. \$ 0.00

17d. Other. Specify: _____ 17d. \$ 0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).

18. \$ 0.00

19. Other payments you make to support others who do not live with you.

\$ 0.00

Specify: _____ 19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property 20a. \$ 0.00

20b. Real estate taxes 20b. \$ 0.00

20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00

20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00

20e. Homeowner's association or condominium dues 20e. \$ 0.00

21. Other: Specify: _____ 21. +\$ 0.00

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. \$ 2,280.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,400.00

23b. Copy your monthly expenses from line 22 above. 23b. -\$ 2,280.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 120.00

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

United States Bankruptcy Court
Northern District of Indiana

In re **Timothy Daniel Wentz,**
Lorraine Wentz

Debtors

Case No. _____

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	109,000.00		
B - Personal Property	Yes	3	5,800.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		158,900.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	20		123,856.25	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			2,400.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			2,280.00
Total Number of Sheets of ALL Schedules		35			
Total Assets			114,800.00		
Total Liabilities				282,756.25	

United States Bankruptcy Court
Northern District of Indiana

In re **Timothy Daniel Wentz,**
Lorraine Wentz

Debtors

Case No. _____

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	2,400.00
Average Expenses (from Schedule J, Line 22)	2,280.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	2,400.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		49,900.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		123,856.25
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		173,756.25

**United States Bankruptcy Court
Northern District of Indiana**

In re Timothy Daniel Wentz
Lorraine Wentz

Debtor(s)

Case No. _____

Chapter 13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 35 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date

7/22/11

Signature

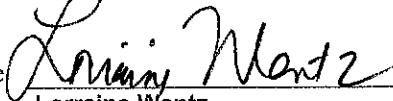


Timothy Daniel Wentz
Debtor

Date

7/22/14

Signature



Lorraine Wentz
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.